



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/518,822
	Confirmation Number	
	Filing Date	with an effective filing date of June 20, 2003
	First Named Inventor	Mitsuru HORIBA, Nobumasa TSUTSUI and Yasuhiro TSUTSUI
	Group Art Unit	3767
	Examiner Name	Shefali D. Patel
Total No. of Pages in this Submission: 20	Attorney Docket Number	ADACHI P265US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form [in Duplicate]	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee attached - Check \$ _____	<input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... [2] Replacement Sheet(s) ... [2]	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response [15] <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) 	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request [in Duplicate]	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address ..	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Part/s Incomplete Application	<input type="checkbox"/> Small Entity Statement	
<ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Request for Refund	

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105 CUSTOMER NO. 020210
Signature		
Date	September 9, 2009	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on <u>September 9, 2009</u> .		

Signature		
	Date: September 9, 2009 (amp)	